



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149  
(614) 644-3020  
FAX (614) 644-2329

George V. Voinovich  
Governor

August 22, 1991

Rohm and Haas Company  
Attn: R. L. Master  
Engineering Division  
Box 584  
Bristol, PA 19007

RE: EPA ID#: OHD094808904

In response to your request of August 7, 1991 the  
following information has been updated:

Current Status: Active large quantity generator 1101-1

Added waste code: U028

Deleted waste code: D001, F002, F003, U122

If you have any questions, please contact Beth Harris at  
(614) 644-2977.

Sincerely,

*Thomas E. Crepeau*

Thomas E. Crepeau, Manager  
Data Management Section  
Division of Solid & Hazardous Waste

TEC/bah

cc: U.S. EPA, Region V

RECEIVED  
AUG 23 1991  
R





State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149  
(614) 644-3020  
FAX (614) 644-2329

George V. Volpe on  
Governor

8/13/91 JW

July 23, 1991

Plaskon Electronic Materials  
Attn: Robert L. Master  
Engineering Division  
Box 584  
Bristol, PA 19007

This is in response to your letter of February 18, 1991  
regarding the following installation:

**U.S. EPA ID NUMBER:** OHD094808904

**LOCATION OF INSTALLATION:** 2829 Glendale Ave.  
Toledo

According to the information submitted, you have indicated that this facility is no longer in need of the U.S. EPA ID number. Your ID number has been coded as an inactive number. DO NOT USE this number without re-notifying the Ohio EPA of your activity.

If you have any questions or need further assistance, please contact Beth Harris at (614) 644-2977.

Sincerely,

*Thomas E. Crepeau*

Thomas E. Crepeau, Manager  
Data Management Section  
Division of Solid & Hazardous Waste

TEC/bah

cc: U.S. EPA, Region V



SEP 18 1989



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60690

KENNETH LENTO S.H.E. SUPV  
PLASKON ELECTRONIC MTL'S  
2829 GLENDALE AVE  
TOLEDO OH 43614

RE: EPA ID #: AHD 094808 904

In response to your request of AUG 1989 the following information  
has been updated:

NAME INSTL, CONTACT PERSON:  
PER ABOVE.

OWNER: ROHM AND HAAS

If you have any questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Arthur S. Kawatachi".

Arthur S. Kawatachi  
Information Section  
Office of RCRA

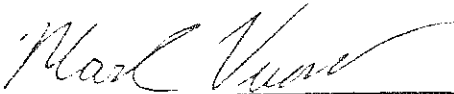
cc: State Agency  
File

SCHEDULE

<u>Name of Facility</u>	<u>Address or Location</u>	<u>EPA Identification Number</u>
Buffalo Color Corp.	340 Elk Street Buffalo, NY 14210	NYD 080335052
Plaskon Products, Inc.	2829 Glendale Avenue Toledo, Ohio 43614	OHD 094809904
Teepak, Inc.	915 No. Michigan Avenue Danville, Illinois 61832	ILD 005174404
Teepak, Inc.	Highway 176 Swansca Star Route Sandy Run, SC 29160	N/A

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Mark Vuono, Underwriter  
Authorized Representative & Title



Name of Insurer National Union Fire Insurance Company of Pittsburgh, PA.

Address of Insurer 70 Pine Street, New York, NY 10270





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

MAY 18 1982  
Mr. Robert Wholf  
Plaskon Products Inc  
2829 Glendale Ave.  
Toledo, Ohio 43614

RE: Interim Status Acknowledgement  
FACILITY NAME: Plaskon Products Inc.

USEPA ID No. OHD094808904

Dear Mr. Wholf:


This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure  
cc: N.J. Kuller

## FACILITY NAME

PLASKOW PRODUCTS INC

## EPA ID NUMBER

OHD094808904

## FACILITY OPERATOR

PLASKOW PRODUCTS INC

## FACILITY OWNER

PLASKOW PRODUCTS INC

## FACILITY LOCATION

2829 GLENDALE AVE  
TOLEDO

OH 43614

## PROCESS CODE

T04  
S01

## DESIGN CAPACITY

3.000 ~~1.00000~~ → G  
27,500.000 → G

## UNIT OF MEASURE

*****KEY*****				
PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* * UNIT OF * MEASURE	CODE
STORAGE:				
			* GALLONS	G
			* LITERS	L
CONTAINER	S01	G OR L	* CUBIC YARDS	Y
TANK	S02	G OR L	* CUBIC METERS	C
WASTE PILE	S03	Y OR C	* GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY	V
DISPOSAL:				
			* TONS PER HOUR	D
			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G, L, U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:				
			* HECTARES	Q
			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D, W, E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J, R, N, S, U, V	*	



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## Comments

Installation's EPA ID Number

Approved

Date Received  
(yr.      mo.      day)

### I. Name of Installation

## II. Installation Mailing Address

Street or P.O. Box

City or Town

State

ZIP Code

### III. Location of Installation

Street or Route Number

City or Town

State

ZIP Code

#### IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

**VI. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes. Refer to instructions.)

### A. Hazardous Waste Activity

### B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

**VIII. Mode of Transportation** (transporters only — enter 'X' in the appropriate box(es))

- ☐
- A. Air
- ☐
- B. Rail
- ☒
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) \_\_\_\_\_

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification      ☒ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

Continue on reverse

ID — For Official Use Only										
C									T/A	C
W										1

### X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)


☒ 2. Corrosive  
(D002)

☒ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

### XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) KENNETH L. LENTO	Date Signed 8-24-89
---	---	------------------------

SAFETY, HEALTH & ENVIRONMENTAL  
SUPERVISOR



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD094808904

REACKNOWLEDGEMENT

PLASKON PRODUCTS INC  
2829 GLENDALE AVE  
TOLEDO

OH 43614

INSTALLATION ADDRESS

2829 GLENDALE AVE  
TOLEDO

OH 43614



Filed 5 only  
9-24-81



PLASKON PRODUCTS, INC.

November 21, 1980

Mr. Karl J. Klepitsch, Jr., Chief  
Waste Management Branch  
United States Environmental Protection Agency  
Region V  
230 South Dearborn Street  
Chicago, Illinois 60604


Dear Sir:

Contrary to your correspondence dated November 13, 1980 (copy attached), our Company has received an acknowledgement of our notification of hazardous waste activity (copy attached). This acknowledgement was received on November 10, 1980.

Our purpose in writing is to let you know we question the identification numbers. Your letter received November 21, 1980 presents a different number (OHD094808904) from our original acknowledgement number: OHD005047204, that was used on our Part A application. At this point, it appears we have been assigned two U.S.EPA identification numbers.

Please advise.

Very truly yours,

  
R. H. Wholf - Manager  
Environmental Services

RHW:bw  
Attachments

NOV 21 1980



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

Date: November 13, 1980  
To: RCRA NOTIFIERS  
Subject: EPA IDENTIFICATION NUMBERS

It is my understanding that our Headquarters has not sent you an acknowledgement of the notification which you filed with this Agency. By manual search of our Regional files we have retrieved the identification number for your facility located at the address given on your notification. It is shown on the label below:

OHD094808904  
Plaskon Products, Inc.  
2829 Glendale Ave.  
Toledo OH 43614

You will receive an official acknowledgement from our Headquarters for your operation at this address in the very near future.

Sincerely,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

RECEIVED

NOV 21 1980

R. H. WHOLF



# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•08D005007204

INSTALLATION ADDRESS

GLASPOW PRODUCTS INC  
2829 GLENDALE AVE  
TOLEDO

03 43514

2829 GLENDALE AVE  
TOLEDO

04 43514

EPA Form 8700-12A (4-80)

RECEIVED

NOV 10 1980

R. H. WHOLF





JUL 21 1980 CONTINUE ON REVERSE



**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 2	F 0 0 3				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 2 2					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

<input type="checkbox"/> 1. IGNITABLE (D001)	<input type="checkbox"/> 2. CORROSIVE (D002)	<input type="checkbox"/> 3. REACTIVE (D003)	<input type="checkbox"/> 4. TOXIC (D000)
---	---	--	---

**X. CERTIFICATION**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) N. J. Kuller Vice-President - Manufacturing	DATE SIGNED 7/16/80
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION V

DATE: 9 JUN 1988

SUBJECT: Referral for Enforcement Action, Plaskon Electronic Materials,  
Incorporated, OHD 094 808 904

FROM: Karl E. Bremer, Chief  
RCRA Permitting Branch



TO: William E. Muno, Acting Associate Director  
THRU: Office of RCRA

WEM

TO: James Brossman, Acting Chief  
RCRA Enforcement Branch

Plaskon Electronic Materials, Incorporated, is listed in our records as a closed TSD facility, which is now a small quantity generator. The chief manufactured products are molded plastic and epoxy resin electronic components. Various types of molding operations have been conducted since 1947, though processes and chemicals used have varied during several changes in ownership of the facility.

Tank farms and drum storage areas had been used throughout the facility's history, and wastes generated included plasticizers, resins, methylene chloride, and other volatile organic compounds.

Between late 1983 and early 1984, the facility received Ohio Environmental Protection Agency certification for closure of all hazardous waste treatment and storage units, and the status of a small quantity generator was attained.

Previous corporate owners of the facility have shown varying concern for the environmental impact of plant operations. As a result, spills had occurred around storage tanks during filling procedures. Also, it appears that a former settling pond has contaminated the shallow ground water.

The present owners of the facility claim to be seriously concerned with the environmental implications of past and current manufacturing. On May 19, 1988, the Agency received an extensive Hydrogeological Assessment, which included the site's history, manufacturing processes, past and present waste management units, monitor well installation, hydrogeological descriptions, documentation of releases, and expressed intentions for remediation of the releases.



2-

The facility appears to have acted responsibly, by identifying releases of hazardous constituents to the environment, investigating the releases, proposing corrective measures, and by notifying the Agency of their actions. Nonetheless, Agency guidance is needed concerning further measures to be undertaken by the facility, under Section 3008(h) of RCRA.

Therefore, this matter is referred to the Region V RCRA Enforcement Branch.

cc: Marcie Eskin

5HS-13:Heller:vmc

06/01/88

Disk #2

RCRA PERMITS	TYP.	AUTH.	IL. CHIEF	IN. CHIEF	ML. CHIEF	MN/WI CHIEF	OH. CHIEF	RPB CHIEF	O.R. A.D.D.
INIT. DATE	7/2/88 6/3/88	DAH 6-3-88					6/3/88	6/5/88	6/6/88

6/4/88

cm 6/3/88

25  
6/3/88

The facility appears to have acted responsibly, by identifying releases of hazardous constituents to the environment, investigating the releases, proposing corrective measures, and by notifying the Agency of their actions. Nonetheless, Agency guidance is needed concerning further measures to be undertaken by the facility, under Section 3008(h) of RCRA.

Therefore, this matter is referred to the Region V RCRA Enforcement Branch.

cc: Marcie Eskin



**PLASKON ELECTRONIC MATERIALS, INC.**  
*Subsidiary of Rohm and Haas Company*

February 18, 1986

OHD 094 808 904

also  
TSB only

RCRA Activities  
Region V  
P.O. Box A-3587  
Attn: ATKJG  
Chicago, Illinois 60690

Re: Hazardous Waste Facility Permit  
Response to Letter Dated 1/30/86

Dear Sir or Madam:

Pursuant to your recent letter which included a request to fill out a potential release certification form, please be advised that Plaskon has reverted to generator status.

In the latter part of 1983 we decided that there no longer was a need for a facility permit as very little waste was being generated (due to shut down of a portion of the business). We notified the Ohio E.P.A. of our desires to no longer hold a permit and we completed a partial closure of unused areas of our plant. Personnel from the Northwest Ohio District Office of the Ohio E.P.A. inspected the premises on May 17, 1984 and a documentation letter to that effect is enclosed. Further, a letter was received on April 1, 1985 informing us that we were now officially in generator status only. The U.S.E.P.A. Region V was copied in that transmittal, but I have included another copy with this letter for your use.

It should be noted that this plant has never experienced any releases of hazardous wastes or hazardous waste constituents while holding a permit.

For the above reasons, we are hereby returning the certification form unsigned as we feel it does not apply to our firm.

Please be advised that the remaining portion of the Plaskon business is operated by Rohm and Haas Company under the name of "Plaskon Electronic Materials, Inc." at the same address.

If you need further information or if I can be of assistance to your division in this matter, please feel free to call.

Very truly yours,

PLASKON ELECTRONIC MATERIALS, INC.

*Donald B. Gore*  
*sm*

D. B. Gore  
Plant Manager

DBG:JDK:jer  
Enclosures

cc: M. N. Riddell - Plaskon  
L. E. Baer - Plaskon  
R. L. Master - Rohm and Haas Co.  
J. D. McKee - Consultant, SSOE





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

CHICAGO, ILLINOIS 60604

*Return this original  
to USEPA unsigned  
GMM*

REPLY TO THE ATTENTION OF:

5HS-JCK-13

JAN 30 1986

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

*RECEIVED  
2/10/86  
DBG*

U.S. EPA ID #: OHDO94808904

PLASKON PRODUCTS INC  
2829 GLENDALE AVE  
TOLEDO

OH 43614

RE: Hazardous Waste Permit Application

Dear Permit Applicant:

As you know, you have previously submitted Part A of the Resource Conservation and Recovery Act (RCRA) permit application for the above-referenced facility. Timely submission of "the Part A" has allowed most hazardous waste management facilities to continue to operate under RCRA "interim status" (or the State program equivalent), while complying with applicable technical and record-keeping standards.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the 1984 Amendments) were enacted to modify RCRA. Under the 1984 Amendments, all RCRA permits issued after the date of enactment must provide for corrective action for all releases of hazardous waste or hazardous waste constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. In addition, all interim status facilities are subject to corrective action requirements, regardless of whether they have 1) submitted a Part B application, 2) submitted a closure plan, 3) reverted to generator status only, 4) actually closed, or 5) none of these. Unless our Agency has formally terminated the facility's interim status, the corrective action requirements apply. Please note that both hazardous and non-hazardous waste can meet the definition of solid waste under 40 CFR 261.2 (or the State regulation equivalent).

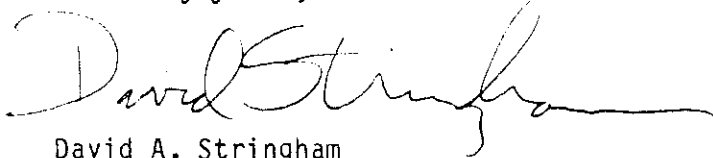


We must determine whether releases of hazardous waste or hazardous waste constituents have ever occurred at the facility site. If they have, we must ensure that corrective actions either have been taken or will be taken to eliminate threats to public health or the environment. An important element in our decision process is the information that you provide on the enclosed certification statement. Please read it carefully and either sign it and return it, or return it unsigned with a cover letter of explanation, within 45 days of the date of this letter. At some point in time, public input will be sought to either confirm or deny information you provide, or information we gather on our own, concerning releases and corrective actions.

Please mail your response to the following:

RCRA Activities  
Region V  
P. O. Box A3587  
Attention: ATKJG  
Chicago, Illinois 60690

Sincerely yours,

A handwritten signature in dark ink, appearing to read "David Stringham". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

David A. Stringham  
Chief, Solid Waste Branch

Enclosure

# OhioEPA

Re: Hazardous Waste Activity Status *copy*  
U.S. EPA I.D. No. OHD094808904  
Ohio Permit No. 03-48-0143

April 1, 1985

Doug McKee, CSP, I.H.  
Consultant  
Plaskon Products Inc.  
2829 Glendale Ave.  
Toledo, Ohio 43614

Dear Mr. McKee:

According to our records, your Ohio Hazardous Waste Installation & Operation Permit has expired. Prior to the expiration of that permit, you had informed and certified to the Ohio EPA that you no longer conducted hazardous waste activity for which a permit was required.

Therefore, this letter is to inform you that, based on the information you had submitted and an investigation by Agency staff, you will maintain the status of a generator only with less than 90 day storage.

You should continue to use the identification number assigned to you by the U.S. EPA for purposes of compliance with the Ohio EPA manifest, recordkeeping and reporting requirements for generators and transporters of hazardous waste as appropriate.

Should you have any questions concerning your current status, please contact the appropriate Ohio EPA District Office (see enclosed list).

Very truly yours,

*Thomas E. Crepeau*

Thomas E. Crepeau, Manager  
Data Management Section  
Division of Solid and Hazardous Waste Management

TEC/ds

Enclosure

cc: U.S. EPA, Region V  
HWFB  
D.O.

✓

**ORIGINAL**

Re: Lucas County  
Hazardous Waste  
Plaskon Products, Inc.  
HWFAB# 03-48-0143  
USEPA##OHD094808904  
G-TSDF to SQG

*copy*

Mr. Tom Carlisle, Manager  
Technical Assistance  
Division of Solid & Hazardous Waste Mgt.  
Ohio EPA  
361 East Broad Street  
Columbus, Ohio 43215

May 18, 1984

Dear Mr. Carlisle:

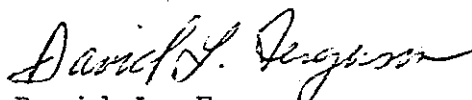
On May 17, 1984, all of the closed portions of Plaskon Products, Inc. were inspected for final closure by Doug McKee, Consultant, and myself. No hazardous waste was found. Blueprints of the facility were used to make certain that no portion of the closed facility was not inspected.

The open portion of the facility is being operated under the new name, Plaskon Electronic Materials, Inc. (PEMCO).

Marie Oliver, RCRA Activities, Region V, USEPA, recommended that the EPA ID number be transferred from the closed facility to the "new" one. This is verified in the April 5, 1984, letter to RCRA activities. See attachment.

PEMCO will be classified a small quantity generator but intends to maintain all the necessary paperwork and meet all requirements for a generator classification.

Yours truly,



David L. Ferguson  
Division of Solid & Hazardous Waste Mgt.

DLF/1st

cc: Paula Cotter, DSHWM  
cc: Plaskon Electronic Materials, Inc.  
cc: Doug McKee ✓  
cc: File



Re: Hazardous Waste Activity Status  
U.S. EPA I.D. No. OHD094808904 *G, TSD, PA*  
Ohio Permit No. 03-48-0143

April 1, 1985

Doug McKee, CSP, I.H.  
Consultant  
Plaskon Products Inc.  
2829 Glendale Ave.  
Toledo, Ohio 43614

Dear Mr. McKee:

According to our records, your Ohio Hazardous Waste Installation & Operation Permit has expired. Prior to the expiration of that permit, you had informed and certified to the Ohio EPA that you no longer conducted hazardous waste activity for which a permit was required.

Therefore, this letter is to inform you that, based on the information you had submitted and an investigation by Agency staff, you will maintain the status of a generator only with less than 90 day storage.

You should continue to use the identification number assigned to you by the U.S. EPA for purposes of compliance with the Ohio EPA manifest, recordkeeping and reporting requirements for generators and transporters of hazardous waste as appropriate.

Should you have any questions concerning your current status, please contact the appropriate Ohio EPA District Office (see enclosed list).

Very truly yours,

A handwritten signature in cursive script, reading "Thomas E. Crepeau", is written over the typed name.

Thomas E. Crepeau, Manager  
Data Management Section  
Division of Solid and Hazardous Waste Management

TEC/ds

Enclosure

cc: U.S. EPA, Region V  
HWFB  
D.O.



**PLASKON ELECTRONIC MATERIALS, INC.**

April 5, 1984

RCRA Activiites  
Environmental Protection Agency  
P. O. Box A3587  
Chicago, IL 60690

Ref: Plaskon Products, Inc.  
2829 Glendale Avenue  
Toledo, Ohio 43614  
E.P.A. ID #OHD094808904 G, TSD, PA 1009  
Full

Subject: Change In Name Of Business


Dear Sir or Madame,

Plaskon Products, Inc., has undergone substantial change in recent months. A portion of the business has been shut down and has undergone partial E.P.A. closure. Further, we have notified the Ohio E.P.A. that we no longer wish to maintain our Hazardous Waste Installation and Operation permit. The portion of the business that remains (Epoxy Molding Compound Manufacturing), now operates under the name of Plaskon Electronic Materials, Inc., and generates very little hazardous waste.

I have listed in reference above, the E.P.A. 12-digit I.D. code assigned to Plaskon Products, Inc. Please transfer this number to the Plaskon Electronic Materials, Inc. name. The address remains the same.

If you have any questions, please feel free to contact me at (419) 389-5612 or (419) 352-4443.

Very truly yours,

  
Doug McKee  
Consultant

Plaskon Electronic Materials Co. Inc.

DM:dj



1. Transit Casualty the "Insurer", of Los Angeles, California hereby certifies that it has issued liability insurance covering bodily injury and property damage to Hillside Industries, Inc., 405 Park Avenue, New York, N.Y. in connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264-147 or 265-147. The coverage applies at:

SCHEDULE

<u>Name of Facility</u>	<u>Address or Location</u>	<u>EPA Identification #</u>
Plaskon Products, Inc.	2829 Glendale Avenue Toledo, Ohio 43614	OH000504724 OH D09480907

for "sudden accidental occurrences. The limits of liability are NIL per occurrence and \$2,000,000 annual aggregate exclusive of legal defense costs. The coverage is provided under policy number UMB950238 issued on 7/1/82. The effective date of said policy is 7/1/82. This coverage is excess of underlying limits of \$1,000,000 each occurrence and \$1,000,000 annual aggregate.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Transit Casualty of its obligations under the policy.
  - (b) The Transit Casualty is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Transit Casualty. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264-147 (f) or 265-147 (f).
  - (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Transit Casualty or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
  - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(J) as such regulation was constituted on the date first above written, and that the National Union is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

John J Lyons  
Name John Lyons

Title Senior Underwriter

Address 70 Pine Street, NY, NY

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(J) as such regulation was constituted on the date first above written, and that the Transit Casualty is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Transit Casualty Company  
NAME Richard E. Jones  
TITLE President  
ADDRESS 3700 Wilshire Boulevard,  
Los Angeles, California 90010



<b>FORM</b> <b>3</b> <b>RCRA</b>	 <b>EPA</b>	<b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">S</td><td style="width:10%;">E</td><td style="width:10%;">O</td><td style="width:10%;">H</td><td style="width:10%;">D</td><td style="width:10%;">O</td><td style="width:50%;">94808904</td><td style="width:10%;">T/A</td><td style="width:10%;">C</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	S	E	O	H	D	O	94808904	T/A	C	1	2	3	4	5	6	7	8	9																																																																																																																																																																																																																																																																													
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CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	<b>Treatment:</b>																																																																																																																																																																																																																																																																																															
TANK	S02	GALLONS OR LITERS																																																																																																																																																																																																																																																																																																
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INJECTION WELL	D79	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Item III-C.)	T01	GALLONS PER DAY OR LITERS PER DAY																																																																																																																																																																																																																																																																																													
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER		T02	GALLONS PER DAY OR LITERS PER DAY																																																																																																																																																																																																																																																																																													
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13 14 15 16 17 18 19 20 21 22										13 14 15 16 17 18 19 20 21 22									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

4 NO 12	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	F 0 0 2	1,000	K	S 0 1													See Note 1		
2	F 0 0 3	7,500	K	S 0 1 T 0 4															
3	U 1 2 2	10,000	K	S 0 1 T 0 4													See Note 2		
4	D 0 0 1	500	K	S 0 1													See Note 3		
5																			
6																			
7																			
8		Note 1: Dispose off-site.																	
9		Note 2: Recycle into finished product on-site.																	
10		Note 3: Dispose off-site.																	
11																			
12																			
13																			
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26																			

**II. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T0" FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

- Line 1 - F002 - Consists of laboratory generated waste slurry of methylene chloride and polyester resin. Dispose off-site.
- Line 2 - F003 - Consists of laboratory waste mixture of acetone and epoxy molding compound. Evaporate acetone from mixture generated on each shift (1 quart to 1 gallon). Residue non-hazardous waste.
- Line 3 - U122 - Consists of paraformaldehyde that forms in our formaldehyde storage tank. Clean out about once per year. Recycle paraformaldehyde by processing into finished product (urea molding compound).
- Line 4 - D001 - Mixture of alcohols and acetone waste generated by laboratories. Dispose off-site.

EPA I.D. NO. (enter from page 1)

F O H D O 94808907 T A C 6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

41 36 45

LONGITUDE (degrees, minutes, &amp; seconds)

83 36 30

## VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

N. J. Kuller

B. SIGNATURE

N. J. Kuller

C. DATE SIGNED

September 8, 1981

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

PLASKON PRODUCTS, INC.

TOLEDO, OHIO

Application for Hazardous Waste Permit  
EPA Form 3510-1

Addendum to Answer Question  
in Item XI

1. The topographic map is attached.
2. The legal boundaries can be determined from the map.
3. There are no proposed intake or discharge structures.

The existing structures include:

Intake

All intake water is obtained from the City of Toledo Municipal Water System.

Discharge

The facility's sanitary sewer system discharges to the City of Toledo P.O.T.W.

The facility's sanitary sewer is equipped with a divertment valve and holding tank as part of the on-site contingency emergency Spill Prevention and Countermeasure Plan. Industrial wastewater discharges to the sanitary sewer.

The facility's storm sewer system drains to Delaware Creek (Ohio EPA Permit Number F200 BD). The storm sewer handles discharges of non-contact cooling water and stormwater runoff. No contact cooling water or industrial wastewater is discharged to the storm sewer system.

The storm sewer is equipped with a shut-off valve as part of the on-site contingency emergency Spill Prevention and Countermeasure Plan.

4. There are no injection wells, springs or water wells on site or within 1/4 mile, known to us.
5. There are no hazardous waste disposal sites at this facility or within a mile of this facility, known to us.
6. The facility drawing attached to form 3 shows the location of the existing on-site building for the temporary storage of hazardous wastes.

It is our intention to dispose of hazardous wastes within 90 days at an offsite approved disposal facility. This permit application for a storage facility is a contingency plan for unforeseen inability to dispose of wastes within 90 days.

PLASKON PRODUCTS, INC.

TOLEDO, OHIO

Addendum to Answer Question in Item XI (continued)

The 12 foot by 30 foot building for temporary storage of hazardous wastes is constructed of concrete block with a stone aggregate roof. It is completely enclosed on three sides, with overhead type doors on the fourth side for access. The building has concrete floor and is surrounded by concrete paved surface for over 75 feet in all directions. 51

The entire area for over 75 feet in all directions drains to a concrete settling basin that was originally installed and used as a separator for wastewater from a process that is no longer in operation. There is no foreseeable or planned reactivation of the process that utilized this settling basin. The wastewater from the separator facility is pumped to the sanitary sewer that drains to the P.O.T.W. operated by the City of Toledo.

This facility provides for spill prevention and containment in the event of a spill from the hazardous waste storage building. The hazardous wastes will be temporarily stored in 55-gallon metal drums, and a spill or leak is unlikely.

The storage building will be the only onsite location for the accumulation of 55-gallon drums of hazardous wastes. We expect to accumulate 5 to 10 drums of hazardous waste per month.

The entire plant site is fenced and entrance is controlled at a gate. The security guards are on duty 24 hours per day, seven days per week.





PLASKON PRODUCTS, INC.

September 8, 1981

Mr. Art Kawatachi  
U.S. Environmental Protection Agency  
Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, Ill. 60680

SUBJECT: REVISED HAZARDOUS WASTE PERMIT  
APPLICATION

Dear Mr. Kawatachi:

Attached are application forms 3510-3 revised according to a telephone conversation with Mr. Meyers of your office on September 4, 1981.

These revisions reflect the changes in our management of hazardous wastes that have occurred since our original application was filed October 30, 1980. As stated in the attached application, there is no on-site disposal of wastes at this facility. We have developed on-site treatment for our two largest volume hazardous wastes and we plan to dispose of the other small quantity hazardous wastes off-site.

This permit application for storage and treatment facility is our contingency plan for unforeseen inability to dispose of hazardous wastes within 90 days.

If there are any questions, please call me at 419-389-5612.

Very truly yours,

R. H. Wholf - Manager  
Environmental Services

SUB.

RHW:bw  
Attachments

SEP 21 1981





PLASKON PRODUCTS, INC.

September 1, 1981

Mr. Art Kawatachi  
Environmental Protection Agency - Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, Illinois 60680

SUBJECT: APPLICATION FOR INTERIM STATUS  
EPA I.D. Number ~~OH-D005047204~~

OH D094808904

UGP  
12-14-81

Dear Mr. Kawatachi:


Due to a change in the quantity of hazardous wastes generated and changes in our normal operations, we are reconsidering our application for interim status as a hazardous waste generator and storage facility.

Based on a review of our application today with Mr. A. Debus of your agency, we plan to re-evaluate the type and actual quantity of hazardous wastes we generate during the next six (6) months to determine our qualification as a small quantity generator. As a result of some development work, the quantity and disposition of hazardous wastes are changing. For example, it appears we will be able to recycle paraformaldehyde, our only major quantity of hazardous waste, into our finished products as opposed to off-site disposal of this material. Paraformaldehyde is unavoidably generated during the storage of formaldehyde in our raw material storage tank and requires clean-out about once per year. Also the quantity of waste solvents generated by our laboratories has been reduced and we have devised a treatment for certain small quantities generated on a daily basis.

Depending on the outcome of these programs, we may request a change in our status to a small quantity generator. Meanwhile we request that our interim status be retained to avoid reapplication procedures.

If there are any questions, please call me at 419-389-5612.

Very truly yours,

  
R. H. Wholf- Manager  
Environmental Services

SUB.

RHW:bw

SEP 09 1981





**FORM 3** **EPA** **HAZARDOUS WASTE PERMIT APPLICATION**  
 ENVIRONMENTAL PROTECTION AGENCY  
 Consolidated Permits Program  
 (This information is required under Section 3005 of RCRA.)

**1. EPA I.D. NUMBER**  
 S O H D O O 5 0 4 7 2 0 4 T/A

**FOR OFFICIAL USE ONLY**

**APPLICATION APPROVED** **DATE RECEIVED**  
 (yr., mo., & day)

COMMENTS

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

**C.** **YR.** **MO.** **DAY** **FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED**  
 (use the boxes to the left)

**C.** **YR.** **MO.** **DAY** **FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN**

**B. REVISED APPLICATION** (place an "X" below and complete Item I above) This is revision

☒ **1. FACILITY HAS INTERIM STATUS** of application submitted 10/30/80.

☐ **2. FACILITY HAS A RCRA PERMIT**

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Treatment:</b>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)			1. AMOUNT	2. UNIT OF MEA- SURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	T 0 4	4	U	7			
2				8			
3				9			
4				10			

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W O H D 0 0 5 0 4 7 2 0 4													W DUP												
1 2 13 14 15													1 2 13 14 15 23 24												

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

4 Z O N	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
1	F 0 0 3	10,000	P	T	0	4	0	8	0						
2															
3															
4															
5															
6															
7															
8															
9															
10															
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26															

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Code T04 refers to the treatment of a testing laboratory generated waste. The waste consists of a mixture of acetone and epoxy molding compound. The epoxy molding compound is a non hazardous waste that is composed principally of silica and epoxy resin and is a dry solid powder.

The acetone-epoxy molding compound is a hazardous waste. By evaporating the acetone from the waste mixture in a forced air drying oven, the acetone is evaporated and the residue which is a non hazardous, dry solid can be disposed in a landfill.

Depending on production requirements, it is estimated that one (1) quart to one (1) gallon of acetone will be evaporated per shift.

This is a revision of item F003 as submitted on application submitted 10/30/80.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W Z O Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NO. (enter from page 1)																	
5	4	3	2	1	0	9	8	7	6	5	4	3	2	1	0	T/A	C
0	0	0	0	0	5	0	4	7	2	0	4					6	

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	1	3	6	4	5	8	3	3	6	3	0								

**VIII. FACILITY OWNER**

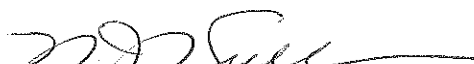
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)														
PLASKON PRODUCTS, INC.															4 1 9 - 3 8 2 - 5 6 1 1														
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.					6. ZIP CODE				
2829 Glendale Ave.,										Toledo,										OH					4 3 6 1 4				

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)		B. SIGNATURE		C. DATE SIGNED	
N. J. Kuller				11/13/80	

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)		B. SIGNATURE		C. DATE SIGNED	



## V. FACILITY DRAWING (see page 4)

This is a revision of application submitted 10/30/80.  
(No change in facility drawing.)



FORM <b>1</b>		ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block; font-family: monospace; font-size: 1.2em;">           CHD 094808904         </div>
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	
		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, attach it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS			
<b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N.A.
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY	
C	1 SKIP PLASKON PRODUCTS INC

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 WHOLF ROBERT MGR ENV SERVICE	419 382 5611

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3 2829 GLENDALE AVE			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 TOLEDO		OH	43614

VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 2829 GLENDALE AVE					
B. COUNTY NAME			C. CITY OR TOWN		
LUCAS			TOLEDO		
D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
OH		43614			



## VIII. OPERATOR INFORMATION

F. CITY OR TOWN													G. STATE		H. ZIP CODE		IX. INDIAN LAND	
TOLEDO													OH		43614		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52																		

X. EXISTING ENVIRONMENTAL PERMITS																
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)						
C	T	I								C	T	I				
9	N		F. 2. 0. 0. B. D.							9	P					
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)						
C	T	I								C	T	I				(specify)
9	U									9						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
C. RCRA (Hazardous Wastes)										E. OTHER (specify)						
C	T	I								C	T	I				(specify)
9	R									9						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. See attached addendum.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture thermoset molding compounds which are dry powders, granules or pellets sold to customers who mold electrical connectors, switchgear, and closures from these materials.


Molding compounds consist primarily of mixtures of inert fillers such as cellulose or silica mixed with resins such as urea-formaldehyde, polyester or epoxy resins and colorants.

## XIII. CERTIFICATION (see instructions)

**I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.**

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
N. J. Kuller, Vice-President		October 30, 1980

COMMENTS FOR OFFICIAL USE ONLY





<b>FORM 3</b> RCRA		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>	<b>71</b>	<b>72</b>	<b>73</b>	<b>74</b>	<b>75</b>	<b>76</b>	<b>77</b>	<b>78</b>	<b>79</b>	<b>80</b>	<b>81</b>	<b>82</b>	<b>83</b>	<b>84</b>	<b>85</b>	<b>86</b>	<b>87</b>	<b>88</b>	<b>89</b>	<b>90</b>	<b>91</b>	<b>92</b>	<b>93</b>	<b>94</b>	<b>95</b>	<b>96</b>	<b>97</b>	<b>98</b>	<b>99</b>	<b>00</b>
			<b>OHDO94808904</b>																														

**FOR OFFICIAL USE ONLY**

<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED</b> (yr., mo., & day)	<b>COMMENTS</b>

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)		<b>2. NEW FACILITY</b> (Complete item below.)													
<input checked="" type="checkbox"/> <b>1. EXISTING FACILITY</b> (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> <b>2. NEW FACILITY</b> (Complete item below.)													
<b>71</b>		<b>71</b>													
<b>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</b>		<b>FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</b>													
<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td>70</td><td>01</td><td>01</td></tr></table>		YR.	MO.	DAY	70	01	01	<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td></tr></table>		YR.	MO.	DAY			
YR.	MO.	DAY													
70	01	01													
YR.	MO.	DAY													
<b>B. REVISED APPLICATION</b> (place an "X" below and complete Item I above)															
<input type="checkbox"/> <b>1. FACILITY HAS INTERIM STATUS</b>		<input type="checkbox"/> <b>2. FACILITY HAS A RCRA PERMIT</b>													
<b>72</b>		<b>72</b>													

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<b>S</b>	<b>C</b>	<b>DUP</b>	<b>T/A</b>	<b>C</b>	<b>1</b>		
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		
<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE (from list above)</b>	<b>B. PROCESS DESIGN CAPACITY</b>	<b>FOR OFFICIAL USE ONLY</b>	<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE (from list above)</b>	<b>B. PROCESS DESIGN CAPACITY</b>	<b>FOR OFFICIAL USE ONLY</b>
		<b>1. AMOUNT (specify)</b>	<b>2. UNIT OF MEAS- URE (enter code)</b>			<b>1. AMOUNT</b>	<b>2. UNIT OF MEAS- URE (enter code)</b>
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	55	G	7			
2				8			
3				9			
4				10			



**III. PROCESSES** (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
 POUNDS . . . . . P  
 TONS . . . . . T

METRIC UNIT OF MEASURE      CODE  
 KILOGRAMS . . . . . K  
 METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W 0HDO94808904										S 1 DUP									
1 2 3 4 5 6 7 8 9 10										11 12 13 14 15 16 17 18 19 20									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	F 0 0 2	2,000	K	D 8 0															
2	F 0 0 3	7,500	K	D 8 0															
3	U 1 2 2	10,000*	K	D 8 0															
4	D 0 0 1	500	K	D 8 0															
5																			
6																			
7																			
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26																			



**IV. DESCRIPTION OF HAZARDOUS WASTE** (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1.**

- Line 1 - F002 Consists of laboratory waste solutions of methylene chloride and polyester resin. Not pumpable. Disposal at approved landfill.
- Line 2 - F003 Consists of laboratory waste solutions of acetone and epoxy molding compound. Not pumpable. Disposal at approved landfill.
- Line 3 - U122 Consists of paraformaldehyde that forms in our formaldehyde storage tank. Tank requires clean out about once per year. Waste is not stored but is disposed of by contractor when tank is cleaned.
- Line 4 - D001 Consists of mixture of acetone and alcohols from laboratory wastes. Ignitable. Disposal at approved landfill.

EPA I.D. NO. (enter from page 1)

F 04D094808904 6

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4 1 3 6 4 5

8 3 3 6 3 0

**VIII. FACILITY OWNER**

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

N. J. Kuller

N. J. Kuller

October 30, 1980

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

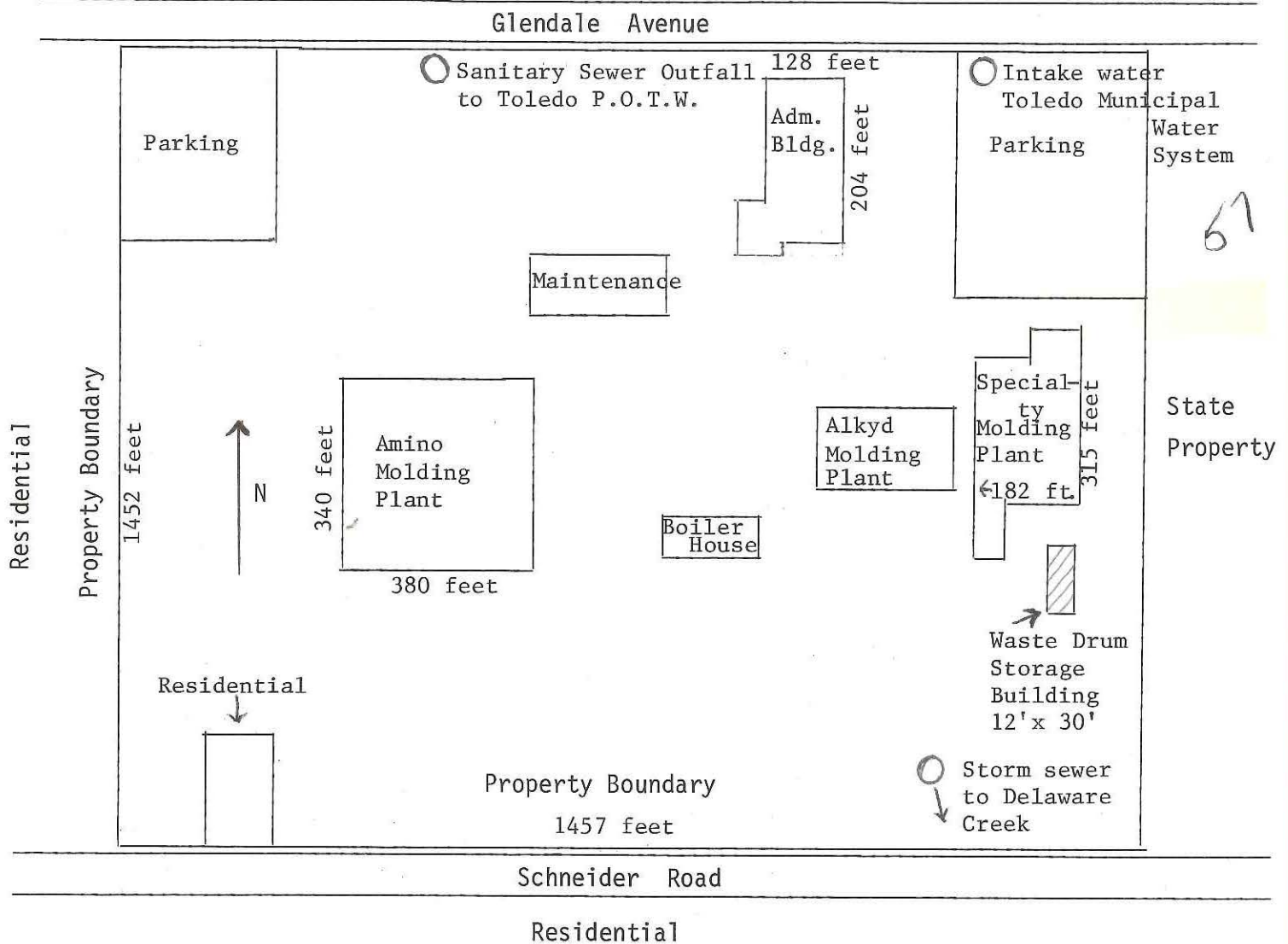
B. SIGNATURE

C. DATE SIGNED

## V. FACILITY DRAWING (see page 4)

Plaskon Products, Inc.  
2829 Glendale Ave.  
Toledo, Ohio

## Residential and Commercial

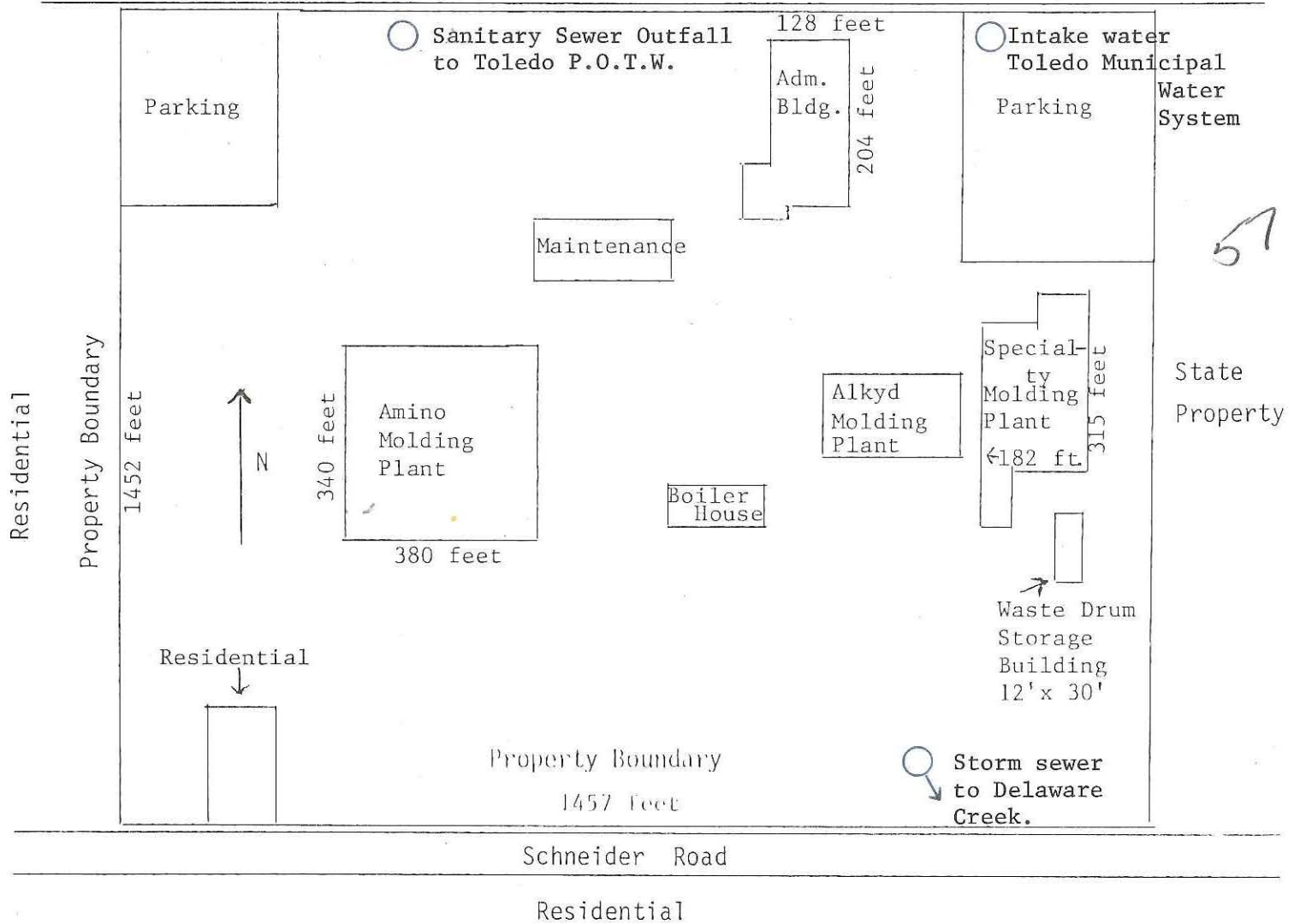




Plaskon Products, Inc.  
2829 Glendale Ave.  
Toledo, Ohio

Residential and Commercial

Glendale Avenue



PLASKON PRODUCTS, INC.

TOLEDO, OHIO

Addendum to Answer Question in Item XI (continued)

The 12 foot by 30 foot building for temporary storage of hazardous wastes is constructed of concrete block with a stone aggregate roof. It is completely enclosed on three sides, with overhead type doors on the fourth side for access. The building has concrete floor and is surrounded by concrete paved surface for over 75 feet in all directions. 51

The entire area for over 75 feet in all directions drains to a concrete settling basin that was originally installed and used as a separator for wastewater from a process that is no longer in operation. There is no foreseeable or planned reactivation of the process that utilized this settling basin. The wastewater from the separator facility is pumped to the sanitary sewer that drains to the P.O.T.W. operated by the City of Toledo.

This facility provides for spill prevention and containment in the event of a spill from the hazardous waste storage building. The hazardous wastes will be temporarily stored in 55-gallon metal drums, and a spill or leak is unlikely.

The storage building will be the only onsite location for the accumulation of 55-gallon drums of hazardous wastes. We expect to accumulate 5 to 10 drums of hazardous waste per month.

The entire plant site is fenced and entrance is controlled at a gate. The security guards are on duty 24 hours per day, seven days per week.

PLASKON PRODUCTS, INC.

TOLEDO, OHIO

Application for Hazardous Waste Permit  
EPA Form 3510-1

Addendum to Answer Question  
in Item XI

1. The topographic map is attached.
2. The legal boundaries can be determined from the map.
3. There are no proposed intake or discharge structures.

The existing structures include:

Intake

All intake water is obtained from the City of Toledo Municipal Water System.

Discharge

The facility's sanitary sewer system discharges to the City of Toledo P.O.T.W.

The facility's sanitary sewer is equipped with a divertment valve and holding tank as part of the on-site contingency emergency Spill Prevention and Countermeasure Plan. Industrial wastewater discharges to the sanitary sewer.

The facility's storm sewer system drains to Delaware Creek (Ohio EPA Permit Number F200 BD). The storm sewer handles discharges of non-contact cooling water and stormwater runoff. No contact cooling water or industrial wastewater is discharged to the storm sewer system.

The storm sewer is equipped with a shut-off valve as part of the on-site contingency emergency Spill Prevention and Countermeasure Plan.

4. There are no injection wells, springs or water wells on site or within 1/4 mile, known to us.
5. There are no hazardous waste disposal sites at this facility or within a mile of this facility, known to us.
6. The facility drawing attached to form 3 shows the location of the existing on-site building for the temporary storage of hazardous wastes.

It is our intention to dispose of hazardous wastes within 90 days at an offsite approved disposal facility. This permit application for a storage facility is a contingency plan for unforeseen inability to dispose of wastes within 90 days.



WASTE DRUM STORAGE BUILDING







PLASKON PRODUCTS, INC.

October 30, 1980

EPA - Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, Ill. 60680

SUBJECT: Application Form 3510-1  
Application Form 3510-3

57

Gentlemen:

Attached are the completed application forms 3510-1 and 3510-3 for our hazardous waste storage facility.

It is our intention to dispose of hazardous wastes within 90 days at an off-site approved disposal facility. The hazardous wastes will be accumulated in 55 gallon drums and temporarily stored in the described facility at our site. The hazardous wastes will be limited to only the hazardous wastes generated from the operations at our location.

This permit application for a storage facility is our contingency plan for unforeseen inability to dispose of hazardous wastes within 90 days.

Very truly yours,

R. H. Wholf - Manager  
Environmental Services

RHW:bw  
Attachments



PLASKON PRODUCTS, INC.

04D094808904

November 12, 1980

*INC*

EPA - Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, ILL 60680

SUBJECT: Revised Application Form 3510-3  
EPA ID Number OH-D005047204

Gentlemen:

Attached is a revised Hazardous Waste Permit Application Form 3510-3 for the treatment of hazardous waste reported on our initial application submitted October 30, 1980. All other items on the initial application are unchanged.

The initial application indicated the waste coded F003 would be disposed at an off-site landfill.

The waste consists of a mixture of epoxy molding compound, which is a non-hazardous dry powder, and acetone. By evaporating the acetone from the mixture, the residue is a non-hazardous epoxy molding compound waste. The evaporation will be conducted in a forced air oven. Depending on production requirements, about one quart to one gallon of acetone will be evaporated per shift.

This revised application is for the treatment of the acetone-epoxy molding compound mixture, and is submitted to update our plan for management of this waste coded F003.

If there are any questions, please do not hesitate to contact me.

Very truly yours,

R. H. Wholf - Manager  
Environmental Services

RHW:bw  
Attachment

*1 ILLEG. SUB. PART A*

NOV 14 1980

PLASKON PRODUCTS, INC.

October 30, 1980

EPA - Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, Ill. 60680

SUBJECT: Application Form 3510-1  
Application Form 3510-3

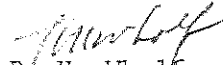
Gentlemen:

Attached are the completed application forms 3510-1 and 3510-3 for our hazardous waste storage facility.

It is our intention to dispose of hazardous wastes within 90 days at an off-site approved disposal facility. The hazardous wastes will be accumulated in 55 gallon drums and temporarily stored in the described facility at our site. The hazardous wastes will be limited to only the hazardous wastes generated from the operations at our location.

This permit application for a storage facility is our contingency plan for unforeseen inability to dispose of hazardous wastes within 90 days.

Very truly yours,

  
R. H. Wholf - Manager  
Environmental Services

RIW:bw  
Attachments